	, 17 V
ARIZONA STATE BOARD OF HEALTH	
ny ton on hypert	FAL STATISTICS Registered No. 4. 5.6
STANDARD CERTI	PICATE OF BIRTH
unty Clay State Willow	
strict or Tomaship X O A C	
Man () No. 410 South Droad St. Ward	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
Full name of child supplemental report, as directed.	
Ser of Child To be answered ONLY 4. Twin, triplet or other 6. Legitimate? 7. Date 10 - 4- 1929	
births.    In event of plural   5. No., in order of birth.	of birth Day Year
FATHEA	14. MOTHER
'ull name () ()	Full maiden hame
Carline Villand	The state of the s
Residence (Usual place of abode) 410 S. Broad.	15 Residence (Usual place of abode) 4/0- South Broad
If non-resident, give place and state. Here are	If non-resident, give place and state.
O. Color or race	16 Color or race
19	(0 1)- (N 1) 17. Age at less birthday / 7 (Years)
11. Age at last birthday [ (Years)	16
2. Birthplace (city or plass)	18. Birthplace (city or place) XVX UNUM
(State or country) () Kla Koma	(State or country)
3. Occupation	19. Occupation
Nature of industry	Nature of industry
Hattire of musery 100000	House wife
0. Number of children of this mother. (a) Born alive and now living 21. Were precautions taken against oph-	
little i ga of title of bitth of child herein	ut now dead
critified and including this child.)  (c) Stillborn	
m. on the date above stated	
* When there was no attending physician	
or midwife, then the father, householder, etc., should make this return. A stillborn	
child is one that neither breathes nor shows other evidence of life after birth.	(Physician or midwife).
Siven name added from	Stole and
i supplemental report Month, day, year Address.	11 - 11. 11.
Filed 2009, 1927 3. E. lely 12 340	
Registrar	
475-1004-142-1	